

****Registration is for January 1 through December 31****

Service Agency Number _____

**APPLICATION FOR VOLUNTARY REGISTRATION
WEIGHTS & MEASURES SERVICE AGENCIES AND TECHNICIANS**

Respond to: Office of Weights and Measures
118 W Capitol Avenue
Pierre SD 57501
(605) 773-3697
dps.inspectionswminfo@state.sd.us

_____ Service Agency (\$69.00)
_____ # Service Techs (\$10.00 each)
\$ _____ Total Amount Enclosed

Check # _____
Date Received _____
Approved By _____

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Telephone Number: Office: _____ Cell: _____

Company e-mail address: _____

☐ *Our technicians work only within our company's environment*

Services provided by Agency or Individual:

- ☐ Small Scales up to 30#
☐ Scales 30# to 10,000#
☐ Scales 10,000# to 60,000#
☐ Scales over 60,000#

- ☐ LPG Meters
☐ Fuel Meters
☐ Pumps
☐ Other _____

Test Equipment available to accomplish above services: **Please mark how many of each you have.**

_____ Weight Carts 3000#	_____ 50 lb test weights	_____ 100 Gal LP prover
_____ Weight Carts 4000#	_____ 25 lb test weights	_____ 100 Gal refined fuel prover
_____ Weight Carts other	_____ Weight Kit (Metric)	_____ 5 Gal refined fuel prover
_____ 1,000 lb test weights	_____ Weight Kit (Avoirdupois)	
_____ 500 lb test weights		
_____ Other equipment		

**Date and Provider of your most current calibration report for all equipment to be used in South Dakota.
If your standards were calibrated by other than the State of South Dakota,
you **MUST** attach a copy of the calibration reports.**

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

SERVICE TECHNICIANS

INCLUDE ALL TECHNICIANS WORKING IN THE STATE OF SOUTH DAKOTA

(Make a copy before completing if you have more than 6 service technicians)

Name: _____ #01 _____

Address: _____

City/State/Zip: _____

Devices qualified to service: _____

Name: _____ #02 _____

Address: _____

City/State/Zip: _____

Devices qualified to service: _____

Name: _____ #03 _____

Address: _____

City/State/Zip: _____

Devices qualified to service: _____

Name: _____ #04 _____

Address: _____

City/State/Zip: _____

Devices qualified to service: _____

Name: _____ #05 _____

Address: _____

City/State/Zip: _____

Devices qualified to service: _____

Name: _____ #06 _____

Address: _____

City/State/Zip: _____

Devices qualified to service: _____

****THIS PORTION MUST BE COMPLETED OR YOUR APPLICATION WILL BE RETURNED TO YOU****

THE REGISTERED SERVICE TECHNICIAN(S) AND SERVICE AGENCY HEREBY CERTIFY THAT:

1. The service technicians employed by this agency are qualified to install, service, repair, or recondition all devices for the company being registered. Such service technicians have a full working knowledge of all appropriate weights and measures laws, orders, and regulations of the Office of Weights and Measures. Such service technicians also have a full knowledge of the requirements of the National Institute of Standards and Technology Standards and the Packers and Stockyards Administration relating to the servicing of weights and measures devices.
2. All standards and testing equipment necessary to perform the work of such Service Technicians or Service Agency is available for use and such standards and testing equipment will be calibrated annually as required by the Weights and Measures Laws and Regulations of the State of South Dakota.
3. Competence will be exhibited in the repair, adjustment, and maintenance of commercial weighing and measuring devices. All devices calibrated will be set **as close to zero as possible**. (SDAR 20:01:06:09)
4. All copies of placed-in-service test reports will be promptly sent to the Office of Weights and Measures within seven days of completion of work, whether a device has been installed, serviced, repaired, or reconditioned.

CERTIFICATION OF APPLICANT

_____ hereby certifies that the information contained in this application
(please print name) is true and correct to the best of my knowledge.

**I authorize investigation of all statements contained in the application.
I understand that misrepresentation or omission of the
facts called for in this application is cause for cancellation of the registration.**

(signature of person executing application)

SEAL

Subscribed and sworn before me this _____ day of _____ 20____

Notary Public _____ My commission expires _____

AS A SERVICE TECHNICIAN REGISTERED WITH THE STATE OF SOUTH DAKOTA, I CERTIFY THAT:

1. I am qualified to install, service, repair, or recondition all devices for the company being registered. I have a full working knowledge of all appropriate weights and measures laws, orders, and regulations of the Office of Weights and Measures. I also have full knowledge of the requirements of the National Institute of Standards and Technology Standards and the Packers and Stockyards Administration relating to the servicing of weights and measures devices.
2. All standards and testing equipment I have available for use will be calibrated annually as required by the Weights and Measures Laws and Regulations of the State of South Dakota.
3. I will exhibit confidence in the repair, adjustment, and maintenance of commercial weighing and measuring devices. All devices calibrated will be set **as close to zero as possible**. (SDAR 20:01:06:09)
4. All copies of placed-in-service test reports will be promptly sent to the Office of Weights and Measures within seven days of completion of work, whether a device has been installed, serviced, repaired, or reconditioned.

Signed: _____ Date: _____

Print name: _____

AS A SERVICE TECHNICIAN REGISTERED WITH THE STATE OF SOUTH DAKOTA, I CERTIFY THAT:

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Signed: _____ Date: _____

Print name: _____

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- 2 All standards and testing equipment I have available for use will be calibrated annually as required by the Weights and Measures Laws and Regulations of the State of South Dakota.
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Signed: _____ Date: _____

Print name: _____